

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/292,887	04/16/99	705	2761	286052-002

APPLICANT

WARREN S. WILCOX, WILLOW GROVE, PA; EDMOND I. EGER, WAYNE, PA.

****CONTINUING DOMESTIC DATA*******

VERIFIED

ALL None.

****371 (NAT'L STAGE) DATA*******

VERIFIED

ALL None. 3/27/01

****FOREIGN APPLICATIONS*******

VERIFIED

ALL None.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/04/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>DEP</u> Examiner's Initials _____ Initials _____					

ADDRESS

DECHERT PRICE & RHOADS
ALLEN BLOOM PH D ESQ
PRINCETON PIKE CORPORATE CENTER
P O BOX 5218
PRINCETON NJ 08543-5218

TITLE

SYSTEM AND METHOD FOR ADMINISTRATION OF CREDIT CARD INCENTIVE PROGRAM
WHEREIN CREDIT CARD HOLDER EARNS REBATE IN FORM OF INSTALLMENT LOAN
ADVANCE PAYMENT THROUGH USE OF CREDIT CARD

FILING FEE RECEIVED \$890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS
UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
www.uspto.gov

BIBDATASHEET

Bib Data Sheet

CONFIRMATION NO. 4136

SERIAL NUMBER 09/292,887	FILING DATE 04/16/1999 RULE	CLASS 705	GROUP ART UNIT 2162	ATTORNEY DOCKET NO. 286052-002
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APPLICANTS
WARREN S. WILCOX, WILLOW GROVE, PA;
EDMOND I. EGER, WAYNE, PA;

** CONTINUING DATA ***** *OK non*

** FOREIGN APPLICATIONS ***** *OK non 1-28-02*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 05/04/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>[Signature]</i> Examiner's Signature Initials	STATE OR COUNTRY PA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
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ADDRESS
25561
ALLEN BLOOM
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08543-5218

TITLE
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THROUGH USE OF CREDIT CARD

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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